

**REMARKS**

Claims 66-87 are pending in this application, all of which stand rejected. Based on the foregoing amendments and following remarks, entry of this amendment and reconsideration and allowance of this application is respectfully requested.

**Claim Rejections-35 U.S.C. §102**

Claims 66, 67, 72, and 74-78, 83, and 85-87 stand rejected under 35 U.S.C. §102 as being anticipated by U.S. Patent No. 6,490,474 to Willis ("Willis"). Applicants respectfully traverse this rejection, since Willis does not disclose each and every element of these claims.

**Claims 66, 67, 72, 78, and 83**

Independent claims 66 and 77 have been amended to require that the designator identify and mark an electrode as being adjacent abnormal tissue. For example, the designator can identify and mark electrodes where early depolarization of the heart tissue has occurred, where a sensed electrogram appears fractionated or broken in appearance, that have a high pace mapping matching index, or where arrhythmia entrainment was achieved. Each of these results indicate that abnormal cardiac tissue is adjacent the electrodes. (See page 43, line 28 to page 44, line 26).

In contrast, the system of Willis provides a three-dimensional map with color dots or interpolated sheets that provide an indication of the activation times of the depolarized tissue. The Willis system, however, does not mark any electrode as being adjacent abnormal tissue. The present invention advantageously provides immediate feedback of the location of the abnormal-heart tissue relative to the marked electrode(s) by highlighting the electrodes that are adjacent the abnormal heart tissue.

Thus, Applicants submit that independent claims 66 and 77, as well as the claims depending therefrom (claims 67, 72, 78, and 83), are not anticipated by Willis, and as such, respectfully request withdrawal of the §102 rejections of these claims.

Claims 74-76 and 85-87

Independent claims 74 and 85, which have not been amended, require that the designator identify and mark an electrode as having a specific function, e.g., pacing or recording. As a result, control over the different functions of the electrodes is facilitated. (See page 43, lines 10-27). The Willis system does not identify or mark electrodes in accordance with their function.

Thus, Applicants submit that independent claims 74 and 85, as well as the claims depending therefrom (claims 75, 76, 86, and 87), are not anticipated by Willis, and as such, respectfully request withdrawal of the §102 rejections of these claims.

Claim Rejections-35 U.S.C. §103

Claims 68-71, 73, 79-82, and 84 stand rejected under 35 U.S.C. §102 as being obvious in view of U.S. Patent No. 6,490,474 to Willis (“Willis”). Applicants respectfully traverse this rejections, since Willis does not disclose, teach, or suggest the combination of the elements required by these claims.

Claims 68-71, and 79-82

Applicants submit that Willis does not disclose, teach or suggest the use of a designator to identify and mark an electrode as being adjacent to abnormal tissue, as required by independent claims 66 and 77. Thus, it is believed that claims 68-71 and 79-82, which respectively depend from

claims 66 and 77, are not obvious over Willis, and as such, Applicants respectfully request withdrawal of the §103 rejections of these claims.

Claims 73 and 84

Independent claims 73 and 84 require a designator that identifies and marks an electrode of the electrode structure in response to entry of a coordinate of the electrode by a user.

Notwithstanding that the Willis specification does not explicitly disclose that an electrode of an electrode structure can be marked by pointing a cursor or mouse at the electrode, Applicants submit that the marking of an electrode in response to a cursor or mouse is not the same as marking an electrode in response to the entry of coordinates by the user. In the former case, no coordinates are actually entered by the user. This difference is not trivial. By entering the coordinates of an electrode (e.g., electrode A6), the physician can visually identify the electrode on the display. For example, if the physician has knowledge that electrode A6 is adjacent abnormal tissue, but cannot easily locate electrode A6 on the display, s/he need only enter the coordinates of the electrode (i.e., "A6") into the system in order to highlight that electrode on the screen. In contrast, using a mouse or cursor to somehow highlight electrode A6 assumes that the physician already knows where this electrode is located within the display. The mere use of a mouse or cursor to graphically point to an electrode will not allow the physician to quickly identify where a specific electrode, e.g., electrode A6, is within the electrode structure.

Thus, it is believed that claims 73 and 84 are not obvious over Willis, and as such, Applicants respectfully request withdrawal of the §103 rejections of these claims.

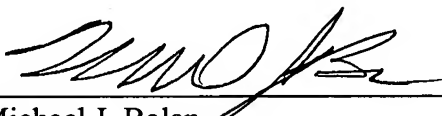
Conclusion

Based on the foregoing, it is believed that, with entry of this amendment, all claims are now allowable and a Notice of Allowance is respectfully requested. If the Examiner has any questions or comments regarding this amendment, the Examiner is respectfully requested to contact the undersigned at (949) 725-0089 or (213) 680-6400.

Respectfully submitted,

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